

Date of Application:	

## FORM NNEZ-1 (Enterprise Zone #3-A) APPLICATION FOR CERTIFICATION BUSINESS LICENSE FEE ABATEMENT AND LOCAL UTILITY TAXES REFUND

Business License Account #	and/or Federal Employer ID #
Name and Physical Address of Firm <i>as Printed</i>	u on Business License:
Name and Physical Address of Firm <i>as Printed</i>	d on Utility Rills
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Mailing Address:	
Name of Authorized Representative for the F	'irm:
Phone:	
Fax:	
Email:	
Address(es) of Establishment(s) Located Withi	in the Enterprise Zone:
radices(es) of Establishment(s) bocatca with	in the Enterprise Zone.
Date Business Located in the Enterprise Zone:	
Eligibility Information	
Job Creation:	
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Average Number of Full-Time Employees during Base Year:	
Average Number of Full-Time Employees during Twelve - Month Period following the Base Year:	
Average Salary (and/or annualized hourly wage) of New Full-Time Employees in Positions Created after Base Year:	\$
Taxable Investment:	
Address(es) where Taxable Investment (real estate improved purchases) took place within the Zone:	ments, machinery, equipment and vehicle
Cost of Total Taxable Investment within the Enterprise Zone	\$
Describe the Taxable Investment within the Enterprise Zone:	
Date(s) on which Taxable Investment Occurred(month/day/	year):
Date on which Ten-Year Cycle of Business License Fee and Utility Tax Reductions are to Begin:	January 1, 20
**Please attach documentation to show evidence of added I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDG ABOVE IS CORRECT. I UNDERSTAND THAT IF DETERMINE RECERTIFICATION FORM NNEZ-3 EACH YEAR TO CONTINU	GE, ALL INFORMATION PRESENTED ED ELIGIBLE, I MUST SUBMIT A
Independent Certified Public Accountant OR	Firm's Authorized Representative  I will make available for review by the Department of Development all of the